

<b>AGENCY/ DEPARTMENT/ PROGRAM</b>	<b>SCREENING/ ASSESSMENT INSTRUMENT/ DOCUMENT</b>	<b>WHO ADMINISTERS</b>	<b>PURPOSE What will we learn?</b>
<b>COURTS</b>			
<i>Custody Mediation</i>	Custody Mediation Intake Form	Parents; form returned to Custody Mediator at Group Orientation	1. Contact information 2. Screen for appropriateness for mediation (e.g., domestic violence)
<i>Guardian Ad Litem (GAL)</i>	1. GAL Volunteer Case Assessment 2. GAL Report to the Court Outline 3. GAL Termination of Parental Rights (TPR) Report to the Court 4. GAL Permanency Planning Hearing (PPH) Report to the Court	1. GAL staff or volunteer  2. GAL volunteer, with staff/attorney review 3. GAL volunteer, with staff/attorney review 4. GAL volunteer, with staff/attorney review	1. Assessment for continued GAL involvement/Case Closure 2. Prepare for court event  3. Prepare for court event 4. Prepare for court event
<i>Youth Treatment Court (YTC): Durham, Wake &amp; Mecklenburg Counties only</i>	1. Child & Adolescent Functional Assessment Scale (CAFAS) 2. Behavioral Emotional Rating Scale (BERS)  3. North Carolina Assessment of Risk of Future Offending 4. North Carolina Assessment of Juvenile Needs 5. Juvenile Local Intake Sheet: Wake, Durham, Forsyth, Rowan & Mecklenburg Counties	1. YTC Case Manager  2. YTC Case Manager  3. DJJDP staff  4. DJJDP staff  5. YTC Case Manager	1. Treatment matching & case plan development 2. None required beyond those ordered for youth/families via involvement in other agencies (e.g., DJJDP, school) 3. Case plan development  4. Case plan development  5. Identification & contact information

**Inventory of Screening and Assessment Instruments for Services to Children and Families**

Assessment Committee

State Collaborative for System of Care

This is current information as of 10/20/03

<b>SOCIAL SERVICES</b>			
County departments of social services (DSS)	DSS-5027 Face sheet, basic identifying information	Social Worker in county office	Document request for services, income eligibility determination, notice to client regarding action taken on request for services
	DSS-5231 Safety Assessment	Social worker conducting investigative assessment	Assess whether a child is likely to be in immediate danger of serious physical harm
	DSS-5230 Family Risk Assessment of Abuse/Neglect	Social worker	Objective appraisal of likelihood of child maltreatment in family in next 18-24 months. Numerical scores on risk scales determine risk level for maltreatment from low, moderate, high to intensive
	DSS-5229 Family Assessment of Strengths and Needs	Social worker	Evaluate presenting strengths and needs of family. Used at several decision points in life of work with family. Serves as Initial Case Plan
	DSS-5226 Family Risk Reassessment of Abuse/Neglect	Case Planning social worker	Determine risk of future abuse and/or neglect. Help to determine required service level intensity
	DSS-5227 Family Reunification Assessment and Reunification Safety Assessment	Social worker	Evaluate risk, visitation compliance, safety issues, and recommendations
	Behavioral health screening tools	Social worker and caregiver	Children at risk of inappropriate placement into DSS custody: <ul style="list-style-type: none"> <li>• lack of appropriate community based mental health services,</li> <li>• currently in DSS custody, need screening for eligibility (Medicaid or CTSP funded mental health services),</li> </ul>

			<ul style="list-style-type: none"> <li>in custody and placed in an out of home placement not meeting child's needs</li> </ul>
	1. Pediatric Emotional-Behavioral/Developmental Screening (PEDS) and PEDS Interpretation Form	1. The person who knows the child best at the time completes this tool. This person may be the natural parent, the foster parent or DSS worker	1. Birth-5 y/o, to screen for emotional-behavioral and developmental problems. Results indicate: <ul style="list-style-type: none"> <li>referral to child's primary care physician, or</li> <li>referral to Area Mental Health Program,</li> <li>if further work with the child is indicated before referral</li> </ul>
	2. Pediatric Symptom Checklist (PSC)	2. DSS worker who knows child best. Obtains necessary information from natural and foster parents, or other child caring agencies, schools	2. 6-18 y/o, psychosocial functioning and early identification of psychosocial difficulties
	3. Problem Oriented Screening Instrument for Teenagers (POSIT)	3. Completed by adolescent, or DSS social worker may read questions to adolescent	3. 12-18 y/o, used at discretion of social worker when substance abuse is suspected in younger children
	4. Stressful Life Events Review: (Completed for every child following completion of 1-3)	4. Family and child welfare social worker who knows child best	4. Stressful circumstances that may affect child's functioning
<b>PUBLIC HEALTH</b>			
Children's Developmental Services Agencies (formerly Developmental Evaluation Centers)	Multi-disciplinary assessments may include: adaptive; behavioral/emotional; communication/hearing; cognitive; educational; feeding/nutrition; medical;	Clinical Staff	Facilitate treatment/services for infants and young children with or at risk for developmental disabilities. Includes evaluation for entry into Infant-Toddler & Preschool Programs under IDEA (Individuals with Disabilities Act)

	sensory motor; clinical social work assessment. Final comprehensive report provided		
State Laboratory of Public Health	Metabolic Screening	Hospital clinical staff	Provided to all children at birth in hospitals. Metabolic abnormalities are followed by the Newborn Metabolic Screening Program Manager in conjunction with local health care providers and UNC Division of Genetics and Metabolism
Early Hearing Detection and Intervention Program	Newborn Hearing Screening Using Automated Auditory Brainstem Response and Automated Otoacoustic Emissions testing devices	Speech and Hearing clinical consultants	Provided to all children who missed their newborn hearing screening before the birth discharge or who referred at birth and need a re-screen before one month of age. The service is provided in the absence of local services to complete the hearing screening. Children with suspected hearing loss are followed via local health department through Child Service Coordination or referred to Infant-Toddler Program
Local departments of public health	Ages & Stages Questionnaire (ASQ)  OR  Parents' Evaluations of Developmental Status (PEDS)	Parent or primary caregiver at each well child visit (or staff using direct elicitation)	<b>1st level developmental screening tools</b> for use in Health Check/well child screenings, birth - 5 y/o or <b>2<sup>nd</sup> level screening following a PEDS</b>  <b>1<sup>st</sup> level of developmental screening tool</b> for use in Health Check/well child screenings, birth - 5 y/o
	Brigrance Screen	Trained examiner with education or early childhood experience	<b>2<sup>nd</sup> level (follow-up) developmental screening</b> Speech-language, motor, readiness, general knowledge for younger ages 21-90 months

	Child Development Inventories	Parent or primary caregiver	<b>2<sup>nd</sup> level (follow-up) developmental screening</b> birth-72 months
	Gross vision and hearing screening as part of physical exam	Clinical staff	Gross screening for normal and abnormal vision and hearing. Abnormal findings result in referral for further assessment
	Guidelines for Adolescent Preventive Services (GAPS)	Systems and psychosocial history by adolescent; medical and family history by adolescent or parents	Younger, middle and older adolescents; identifies areas of concern for parents and adolescents
	Pediatric Symptom Checklist (PSC)	Parent or primary caregiver, during well child visit	Behavioral/emotional screening, ages 4 to 16 years
	Ages and Stages Questionnaire: Social-Emotional	Parent or primary caregiver, during well child visit	4 months - 5 years, at 6-month intervals. Measures self-regulation, compliance, communication, adaptive function, autonomy, affect, interaction with people
	Eyebug Child Behavior Inventory	Parent report	2 years to 11 years
School-Based and School-Linked Health Centers	Guidelines for Adolescent Preventive Services	See above	See above
	Psychosocial Assessment	Licensed mental health clinicians	Comprehensive assessment of psychosocial/behavioral functioning
<b>MENTAL HEALTH</b>			
Local Mental Health Centers	Child & Adolescent Functional Assessment Scale (CAFAS)	Qualified Professionals who demonstrate competence through the local Area Program or LME	Determine Level of Care; assess degree of impairment in youth's emotional, behavioral and/or substance abuse symptoms/disorders, on scale of 0-100
	Screening	Qualified Professionals who demonstrate competence through the local Area Program or LME	General screen including Mental Status Exam, short history of treatment, presenting problems, noted symptoms, lethality check, diagnosis(es) determination, immediate plan

	Assessment of Outcomes Instrument (AOI Part 1- Resiliency Screen – Risk & Protective Factors)	Qualified Professionals who demonstrate competence through the local Area Program or LME	Past: Determine eligibility for CTSP funding Present: Sampling for data purposes Part III: Discharge assessment information
	Child/adolescent instruments: many assess intelligence, emotional/behavioral functioning in child MH, SA & DD	Qualified Professionals trained to administer tests	Clinical decision to obtain more information in a specific area, or to rule out issues
	Child & Adolescent Level of Care Utilization System (CA-LOCUS)	Trained Qualified Professionals	Assessment of functioning <b>AND</b> leveling (for services instrument)
NC MH/DD/SA Substance Abuse	Client Substance Index-Short Form (CSI-SF)	Audio Computer-Assisted Self-Interviewing (audio-CASI), monitored by MAJORS counselor	Screen for substance abuse in DJJDP population
	MAJORS Assessment System (MAS)	Audio Computer-Assisted Self-Interviewing (audio-CASI) monitored by MAJORS counselor	Assess for specific substance abuse, readiness for change, mental health problems
<b>EDUCATION</b>			
<u>Public Schools</u> and <u>State Operated Schools</u> (e.g., Whitaker School, Governor Morehead School)	Progress Reports	Teachers	Measure of academic progress in relation to standards – quarterly/final grades
	Literacy Assessments Mathematics Assessments	Elementary Teachers	Ongoing measures of student progress in subject area
	General School Records	SIMS and NCWISE Technician, Attendance Personnel, Nurse	Database for attendance, suspensions and health information
	System-Wide Testing Data	Testing Coordinator,	Measures of academic progress in specific

		Testing Administrators	areas; ABC school accountability; Federal "No Child Left Behind"
	Testing for Special Education (IDEA) Including individualized measures of intelligence, achievement, adaptive behavior, speech and language skills, health screens and social emotional development where indicated	Psychologists, Speech-Language Pathologists, Audiologists, Physical Therapists, Educational Diagnosticians, Student Support Team members, Occupational Therapists, Community Professionals	Determine eligibility for various categories of disability (including ability level, academic achievement levels, descriptions of social emotional/behavioral problems, and student's need for language, physical, or occupational therapy)
	Individual Education Program (IEP)	IEP Team, Special Education teachers and other related services specialists	Measures progress on goals and objectives – plan of free and appropriate public education (FAPE)
<b>DEPARTMENT OF JUVENILE JUSTICE &amp; DELINQUENCY PREVENTION (DJJDP)</b>			
Court Services	North Carolina Assessment of Risk of Future Offending	Juvenile Court Counselor	To assess the risk of future offending on the part of a juvenile found to be delinquent or undisciplined. Used by the court at disposition to help determine the appropriate disposition level
	North Carolina Assessment of Juvenile Needs	Juvenile Court Counselor	To assess needs of juvenile found to be delinquent or undisciplined at disposition to help the court determine appropriate orders. Used during court ordered supervision to assist in case planning and appropriate service delivery
Youth Development Center Assessment	Standardized Testing Assessment of Reading (STAR)	Behavioral Specialist supervises a computer administered assessment	Provides a grade-equivalent for the child's reading ability

#### Inventory of Screening and Assessment Instruments for Services to Children and Families

Assessment Committee

State Collaborative for System of Care

This is current information as of 10/20/03

	Youth Development Center Assessment Series (YDCAS)	Behavioral Specialist supervises an Audio Computer-Assisted Self Interview	Screens for specific substance abuse, mental health and physical health concerns
	Medical and Dental Screens	Nurse, Physician, Dentist	Screens for acute and severe chronic medical and dental concerns
	Bender Visual-Motor Gestalt Test	Psychologist	Screens for problems with visual-motor perception and visual-motor coordination
	Fitness-gram	Recreation Specialist	Assesses child's general level of physical fitness
	Speech and Language Screening	Speech/Language Therapist	Screens for concerns with a child's speech and language ability
	Millon Adolescent Clinical Inventory (MACI)	Psychologist	Provides self-report information scored against standardized norms regarding specific behavioral and personality characteristics
	Brigance Inventory of Essential Skills	Vocational Assessor	Measures mastery of applied skills such as health care, travel and transportation, and job interview preparation
	Vocational Assessment	Vocational Assessor	A comprehensive process to determine career goals and vocational programming. The areas of assessment may include but are not limited to basic skills, learning styles, career interests and vocational aptitudes



## ASSESSMENT TOOLS DEFINED AND LISTED ALPHABETICALLY:

1. **Achievement Tests: (*frequently administered tests in this category*)** Woodcock-Johnson III Tests of Achievement, Brigance Diagnostic Comprehensive Inventory of Basic Skills–Revised, Brigance Diagnostic Inventory of Early Development, Woodcock Johnson-Revised, Classroom Observation, Reuven Feuerstein's Learning Potential Assessment Device, Standard Achievement Test, Wechsler Individualized Achievement Test (WIAT).
2. **Adult Care Home Level I Screen:** Determines the mental health and developmental disabilities support needs of adult care home residents.
3. **Ages and Stages Questionnaire:** First level developmental screening tool for use in Health Check screenings, birth-age 5. 19 age-specific questionnaires, 30 developmental items each.
4. **Ages and Stages Questionnaire, Social-Emotional:** Questionnaires for use at 6-month intervals up to 5 years of age. Addresses: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people.
5. **Assessment of Outcomes Instrument (Part 1-Resiliency Screen – Risk & Protective Factors) – (AOI):** General screen (not an assessment instrument) including Mental Status Exam, short history of treatment, presenting problems (in youth/family's perspective); noted symptoms, lethality check, diagnosis(es) determination, immediate plan and follow-up.
6. **Bender Visual-Motor Gestalt Test:** Screens for problems with visual-motor perception and visual-motor coordination.
7. **Behavioral Emotional Rating Scale (BERS):** Used with children, adolescents and families to directly solicit and assess strengths and implies needs vs. the traditional deficit-based assessment tools.
8. **Brigance Screen:** 2<sup>nd</sup> level screening with direct testing, for children 21-90 months. Separate forms for each 12-month age range. Taps speech-language, motor, readiness, and general knowledge at younger ages and also reading and math at older ages. Uses direct elicitation and observation.
9. **Brigance Inventory of Essential Skills:** Measures mastery of applied skills such as health care, travel and transportation, and job interview preparation.
10. **Child & Adolescent Functional Assessment Scale (CAFAS):** Used initially to determine Level of Care needed. A clinician-rated instrument, determines levels of functioning from a 0-100 scale (0 = no noteworthy impairment) to assess the degree of impairment in a youth's emotional, behavioral and/or substance abuse symptoms/disorders. Sub-scales include School/Work, Home Community, Behavior Towards Others, Moods/Emotions, Self-Harmful

Behavior, Substance Abuse, Thinking, Caregiver Resources Subs-scales – Material Needs, Family/Social Support; optional “Strengths/Goals (G) for – Primary Family, Non-Custodial Family or Parent Not Living in Youth’s Home, Surrogate Caregiver.

11. **Child & Adolescent Level of Care Utilization System (CA-LOCUS):** Assessment of functioning AND leveling (for services instrument).
12. **Child Development Inventories:** 60 yes/no descriptions with separate forms by age. For children birth-72 months. Six dimensions: Risk of Harm, Functional Status, Co-Morbidity (co-existence of disorders/symptoms), Recovery Environment, Resiliency and Treatment History; Acceptance and Engagement (Scale A-Child/Adolescent, Scale B-with Parents/Primary Caretaker); each area has an intensity scale of Minimal-Mild-Moderate-Serious-Severe.
13. **Client Substance Index-Short Form (CSI):** Screen for substance abuse in DJJDP population.
14. **Custody Mediation Intake Form:** Contact information; screen for appropriateness (e.g., domestic violence).
15. **DSS 5027/Face Sheet:** Document request for services, income eligibility determination, or notice to client regarding action taken on request for services.
16. **DSS 5226/Family Risk Assessment of Abuse/Neglect:** Determine risk of future abuse and/or neglect. Help to determine required service level intensity.
17. **DSS 5227/Family Reunification Assessment and Reunification Safety Assessment:** Evaluate risk, visitation compliance, safety issues, and recommendations.
18. **DSS 5229/Family Assessment of Strengths and Needs:** Evaluate, at varying points in the life of work with the family, the presenting strengths and needs of the family. Serves as Initial Case Plan.
19. **DSS 5230/Family Risk Assessment of Abuse/Neglect:** Objective appraisal of likelihood that a family will maltreat children in next 18-24 months. Uses risk scales. Numerical scores on risk scales determine risk level for maltreatment from low, moderate, high to intensive.
20. **DSS 5231/Safety Assessment:** Assess whether a child is likely to be in immediate danger of serious physical harm.
21. **Eyeburg Child Behavior Inventory:** Screens for specific behavioral concerns, utilizing parent report. For use with children ages 2-11.
22. **GAL Permanency Planning Hearing Report to the Court:** Prepare for court event.
23. **GAL Report to the Court Outline:** Prepare for court event.
24. **GAL Termination of Parental Rights Report to the Court:** Prepare for court event.
25. **GAL Volunteer Case Assessment:** Assessment for continued GAL involvement/case closure.

26. **GAPS: Guidelines for Adolescent Preventive Services:** Questionnaires designed for use with younger, middle and older adolescents, to identify areas of concern for parents or adolescents.
27. **General School Records:** Database for attendance, suspensions and health information.
28. **IEP:** Individual Education Program.
29. **Individualized Intelligence Tests: (*frequently administered tests in the category*)** Wechsler Intelligence Scale for Children III, Test of Nonverbal Intelligence 3.
30. **Juvenile Intake Sheet:** (Wake, Durham, Forsyth, Rowan and Mecklenburg Counties only) Information used to set up chart and for contact information. Completed by Youth Treatment Case Manager in interview with family.
31. **MAJORS Assessment System (MAS):** Audio computer-assisted self interview, monitored by MAJORS counselor, to assess for specific substance abuse, readiness for change, mental health problems.
32. **Millon Adolescent Clinical Inventory (MACI):** Provides self-report information scored against standardized norms regarding specific behavioral and personality characteristics.
33. **MR2:** Determines eligibility for ICF-MR level of care.
34. **North Carolina Assessment of Juvenile Needs:** Assessment of juvenile and family needs prepared for the court to use for making disposition decisions and used by court counselors for case planning during court ordered supervision.
35. **North Carolina Assessment of Risk of Future Offending:** Assessment of risk of future delinquency, prepared by juvenile court counselors for use by the court along with the statutory disposition chart to determine disposition levels for adjudicated juveniles.
36. **North Carolina-Support Needs Assessment Profile (NC-SNAP):** Assessment instrument for determining the intensity or level of the need of a person with developmental disabilities in three domains: daily living skills, health care supports, behavior supports.
37. **Occupational Therapy Evaluations:** Test of Motor Skills, Motor Free Visual Perception Test, Visual Test of Pictures, Forms, Letters, Numbers, Spatial Orientation and Sequencing Skills, Test of Visual Perceptual Skills, School Functional Assessment, Sensory Motor Functional Analysis, Clinical Observations of Motor and Postural Skills, Test of Handwriting Skills, Evaluation of Children's Handwriting, Visual Skills Appraisal, Bruininks-Oseretsky Test of Motor Proficiency and Clinical Observations.
38. **Parents' Evaluations of Developmental Status (PEDS):** First level developmental screening tool for use in Health Check screenings for children birth – 8 years of age. Ten questions eliciting parents' concern. Categorizes patients into those needing referrals, screening, counseling, reassurance, extra monitoring.

39. **Pediatric Emotional Behavioral/Developmental Screening and PEDS Interpretation Form:** Assessment for birth – 5 y/o, to screen emotional-behavioral and developmental problems. Results indicate whether referral to the child's primary care physician or to the Area Mental Health Program is most appropriate or whether further work with the child is indicated before referral.
40. **Pediatric Symptom Checklist (PSC):** Designed to evaluate the psychosocial functioning of children 6-18 y/o. Intended to serve as a method of early identification of psychosocial difficulties. A child with a positive score on the PSC should be referred to Area Mental Health for an evaluation.
41. **Problem Oriented Screening Instrument for Teenagers (POSIT):** Designed for use with adolescents 12-18 y/o, but may be used at the worker's discretion for a child younger, when there is suspicion of substance abuse. One positive response should result in referral for an evaluation.
42. **School Progress Reports:** Measure of academic progress and credits – includes quarterly and final grades.
43. **School System-Wide Testing:** Measures of academic progress in specific areas; ABC school accountability; Federal "No Child Left Behind".
44. **Speech Language Assessments:** *(frequently administered tests in this category)* CELF-3, EOWPVT, ROWPVT, Craig Lip-reading, Goldman-Fristoe Articulation, Test of Auditory Comprehension of Language, Conversational Competence.
45. **Standardized Testing Assessment of Reading (STAR):** Measure of child's grade-equivalent for reading.
46. **Stressful Life Events Review:** Provides focused overview of stressful circumstances that may affect child's functioning. Review is required to accompany other screening tools every time a child is referred to Area Mental Health for an evaluation.
47. **System-Wide Testing Data:** Testing for special Education (IDEA). Information required to determine eligibility for various categories of disability – a full and individualized evaluation of a child's needs must be conducted before any action is taken with respect to the initial placement of a child with a disability in a special education program.
48. **Vocational Assessment:** A comprehensive process to determine career goals and vocational programming. Areas of assessment may include, but are not limited to, basic skills, learning styles, career interests and vocational aptitudes.
49. **Youth Development Center Assessment Series (YDACS):** Screens for specific substance abuse, mental health and physical health concerns.